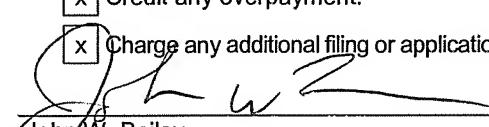


| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                |                             | Docket No.<br>2185-0799PUS1 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|--|----------------------------------|--------------------------------|-----------------------------|-----------------------------|------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|----|--------|---|---------|------|--------------------|---|-------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No.<br>10/582,001  | Filing Date<br>June 7, 2006      | Examiner<br>Not Yet Assigned   |                             | Art Unit<br>N/A             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Applicant(s): Hiromasa MITSUDERA   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Invention: MALONONITRILE COMPOUNDS AND USE THEREOF   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Transmitted herewith is a SECOND SUPPLEMENTAL PRELIMINARY AMENDMENT In the above-identified application.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; font-weight: bold;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amendment</th> <th style="text-align: center;">Highest Number Previously Paid</th> <th style="text-align: center;">Number Extra Claims Present</th> <th style="text-align: center;">Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">20</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> |                                  |                                |                             |                             |      | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | Total Claims | 20 | - 20 = | 0 | x 50.00 | 0.00 | Independent Claims | 1 | - 3 = | 0 | x 200.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | 0.00 |
| CLAIMS AS AMENDED  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate                        |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Total Claims   | 20                               | - 20 =                         | 0                           | x 50.00                     | 0.00 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Independent Claims   | 1                                | - 3 =                          | 0                           | x 200.00                    | 0.00 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Other fee (please specify):  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                |                             |                             | 0.00 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <br>Dated: <u>OCT 27 2006</u>   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| John W. Bailey<br>Attorney Reg. No.: 32,881  |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000   |                                  |                                |                             |                             |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |